



LILLIAN AND EMANUEL SLUTZKER
CENTER FOR INTERNATIONAL SERVICES
 DIVISION OF STUDENT AFFAIRS
 310 Walnut Place | Syracuse, New York 13244-2380
 TEL: 315-443-2457 | FAX: 315-443-3091
 EMAIL: lescis@syr.edu

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| STEM EXTENSION DATA SHEET |
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Biographical Information

| | | | |
|----------------------------------|--|--|--------------|
| 1. Today's Date (mm/dd/yyyy): | | 2. Full Name as noted on passport : | |
| | | <i>Last</i> | <i>First</i> |
| | | <i>Middle</i> | |
| 3. SU ID: | | 4. SEVIS #: | N |
| | | 5. Country of Citizenship: | |

Contact Information

| | | | |
|---|--|----------------------------|--|
| 6. Current Phone: | | 7. Current E-mail Address: | |
| 8. U.S. Address: | | | <input type="checkbox"/> Residential <input type="checkbox"/> Mailing |
| 9. For I-20 Mailing: U.S. Mailing Address (if different than above): | | | |
| 10: Mailing Preference: | <input type="checkbox"/> Standard Mail <input type="checkbox"/> Courier Service—must arrange and pay for services here. | | |

Academic Program of Study

| | | |
|------------------------|--|--|
| 11. Degree Level: | Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D. <input type="checkbox"/> | |
| 12. Academic Major(s): | 13. CIP code (under Major I on your I-20): | |

Optional Practical Training Information

| | | | |
|---|---|---|---|
| 14. Current EAD End Date (mm/dd/yyyy): | | 15. How many days of unemployment have you accrued during your initial OPT EAD authorization period? | |
| 16. Have you maintained valid F-1 status while on OPT? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have reported all changes of name, address, employers, and interruptions of employment to the Slutzker Center? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

GH9A Employer Information

| | |
|--|--|
| 19. Company Name: <small>E-verified</small> | 20. Company Address: <small>including zip code</small> |
| 21: Supervisor's Name: | 22: Supervisor's phone # and email: |
| 23: Your Job Title: | 24. Is your employer registered with E-Verify? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25: I attest that I understand the criteria for maintaining F-1 status while engaging in OPT and that the information I provided above and the documentation I submitted with my STEM Extension Request is true and valid. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signature _____ Date _____ | |

(SCIS Advisor Use ONLY)

STEM OPT Extension Document Review

- | | |
|--|--|
| <input type="checkbox"/> Copy of I-765 | <input type="checkbox"/> Mailing information (and payment details if applicable) |
| <input type="checkbox"/> Copy of current EAD card and any previously issued EAD cards | <input type="checkbox"/> Maintained F-1 Status |
| <input type="checkbox"/> Copies: passport, visa, I-94 (front & back), health insurance | <input type="checkbox"/> Reported Changes in Address, Name, Email, & Employment |
| <input type="checkbox"/> STEM Student Responsibility Checklist | <input type="checkbox"/> Did not accrue more than 90 days of unemployment |
| <input type="checkbox"/> Copy of transcript or diploma | <input type="checkbox"/> Qualifying CIP Code and STEM degree program |
| <input type="checkbox"/> Completed Form I-983 | <input type="checkbox"/> Employer's E-Verify Number on I-765 |

Notes

Advisor's Initials: _____ Date Received: _____ Date Mailed: _____ STEM Dates: _____